SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (R Received) (i) 00 132016 Principal and the רעדע

Permit #: Date: Amount Paid: S S 268 0-1-10 10-13-16

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN

IVE BEEN ISSUED TO APPLICANT.	are paid.	
HOW DO'T FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zc	ayfield Co. Zoning Dent	

Refund:

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Spring of the state of the stat	Secretarial Staff			Rec'd for Issuance		☐ Municipal Use			Commercial Use			4	Residential Use			Proposed Use	Proposed Construction:	Existing Structure:						7 2		Value at Time	□ Non-Shoreland	Xonoreiano —			Section 28	NE 1/4, S	LOCATION	Medissa	Authorized Agent: (Persor	Contractor:	Address of Property:	harts o
1		_			A STATE OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM		-	-					O		□ Pri		tion:	(if permit being ap		Property			Conversion	New Construction	Project (What are you applying for)			Is Property/Land	☐ Is Property/Land Creek or Landward	- Landers	, Township 4	E 1/4	egal Description	desid	Figure	てのよ	E Control	SOCK L
FAILURE TO OBTAIN A PERMIT OF STARTING	Other: (explain)	onditional Use: (explain)	pecial Use: (explain)	recessory banking banking American	Accessory building Addition/	-	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attached Garage	with (2"") Deck	with a Deck	with (2 nd) Porch	with a Porch		Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)			Existing Structure: (if permit being applied for is relevant to it)	X Dech	10			-	š	ano			Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	- Participation and the state of the state o	7 N, Range OS W	$\left \begin{array}{c c} Gov'tLot & Lot(s) & cs \\ \mathcal{A} & \mathcal{A} & \mathcal{J} \end{array}\right $	Legal Description: (Use Tax Statement) 04-	7	ng Application on behalf of Owner(s)) Agen	Contractor ZN 389	Bint Dr.	
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHO						the state of the s	ate)	leeping quarters, or		V-Equina	A DATE OF THE PROPERTY OF THE				cture on property) shack, etc.)	Proposed Structure	Length: 16				X		 	Year Bound				A	₩ ttent)	- ^~	Town of:	CSM Vol & Page 7769 6 249	5	218-591-1180 Fe86 PIN: (23 digits)	1e:	Phone: F	R	
CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	T TEMPERATURE TO THE THE TEMPERATURE TO THE TEMPERA		in the state of th	The state of the s			The Post Annual Control of the Contr	cooking & tood prep facilities)		Lightypy	\$44.00 mm	A constitution of the cons		Trent tree to the state of the			width:	Width:	None		XNone □ Portable (X	2 (New) Sanitary	0 9, # ms		The state of the s	Distance Structure is from Shoreline :	Distance Structure is from Shoreline : fee		3	Lat(s) No. Block(s) No.	- ALPRESAGNA	Hospital Harry ason I	Mailing Address (include City/State/Zip): ミンプの)	Slatenas	4 SHSA	
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	192				-	W 1999			-t-state-i-		- Control of the Cont		7744		A PARTICIPATION OF THE PARTICI	Square Footage	O						-[*Well	Water			⊇ No	Are Wetlands Present?		Jage J		je(s) 249	☐ No	Authorization	Plumber Phone:	218-348-2065	, o.

Owner(s): (If there are Multiple Own Authorized Agent: = on the Deed All Owhers must sign or letter(s) of authorization must accompany this application) er(s) a letter of authorizatio

Date

Date

28 Attach
Copy of Tax Statement
sed the property send your Recorded Deed

Address to send permit _

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Dr.

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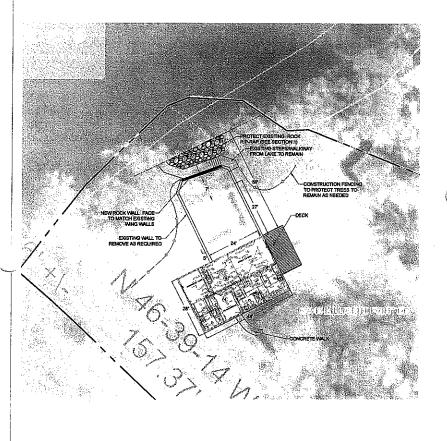
per open structure re Granted by Variance (B.O.A.) Hold For Sanitary: Issuance Information (County Use Only) Permit Denied (Date) Condition(s):Town, Date of Inspection: Permit #: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created
Was Proposed Building Site Delineated of Inspector: 7.0000), Committee or Board 5 ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes Hold For TBA: Þ 6 XYes ONO Cover prostess allowed w/m 75; from lake ditions Attached? * Thing I Sanitary Number: 327511 Permit Date: Reason for Denial: Hold For Affidavit: TO SE (If No they need to be attached.) Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Were Property Lines Represented by Owner
Was Property Surveyed sie de la constant de Hold FoyFees: Arganity □ Yes Considered □ □ 8 8 wal med for dup Case # Affidavit Required \(\bigcup \text{Yes} \)
Affidavit Attached \(\bigcup \text{Yes} \) Date of Re-Inspection: Zoning District (C) □ Yes Jen spen Coop Date of Approval: CUYL 1-19-00 CRICER ₹**5** Count + MILITARY □ □ No 8 8

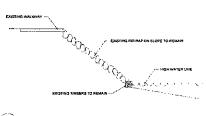
Sanitary Date:

Feet

Feet Feet Feet Feet

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EXISTING RIP RAP SECTION SCALE NOT TO SCALE



AL-KUWARI RESIDENCE IRON RIVER, WISCONSIN

Marketta.

City, Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	1	7-02	298	····		Issued	d To: CI	narles	& Judy An	n Bar	ber	<u> </u>				Arriv
Locatio	n: -		1/4	of		1/4	Section	28	Township	47	N.	Range	8	W.	Town of	Iron River
Gov't Lot	t			l	_ot		ВІ	ock	Su	bdivisio	on				CSM#	
(Disclair Condit			futu	re ex	pans	ions or d	developmer	nt would	I require addition	onar pen	mitting.					
Condit	ion(s)): <u> </u>						- Martin						- J.W.	Mess	
								·r 41						Je	ennifer Mu	ırphy
NOTE:	This pe		-		-		date of issua	ance if th	ne authorized co	nstructi	on		4	Author	rized Issuing	Official
									without obtaining							
	-						neous, or in		ation informatio te.	11 15 10ui	iu			A	ugust 1, 2	2017
									e conditions are	not						
	comple	eted	or if a	anv n	rohibi	itory con	ditions are	/iolated.							Date	

STATEMENT AND FEE TO: Special A =

Special A = 9/75 x2=33 Lard use = 5/25 x 2=5 APPLICATION FOR PERMIT

1350 1250 司书 Permit #: Date: Amount Paid: 1000 HE = \$1000 7-0305 7-7-8

300

775

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 BAYEIELD COUNTY, WISCONSIN Bayfield Co. Zoning Dept. AUG G 18 2016 Refund:

TYPE OF PERMIT REQUESTED→► | X LAND USE | SANITARY MIKE *DOANNA
Address of Property: Authorized Agent: (Person Signing Appli Theo PROJECT LOCATION 出 Section HARTL , Township 1/4 かたの MULE on behalf of Owner(s)) (Use Tax Statement) N, Range Lot(s) PIN: (23 digits) TROW R
Contractor Phone: 363 ≨ City/State/Zip: Mailing Address Agent Phone: SM Vol & Page | PRIVY Rwer Plumber: Agent Mailing Address (include City/State/Zip): Distance Structure CONDITIONAL USE S RNOS 15-30-400-30000 Lot(s) No. Block(s) No. HERMANOTO e is from Shoreline : feet SPECIAL USE , Volume XOPE Recorded Document: (i.e. 3 1855 □ B.O.A. □ OTHER

S / / Telephone: Cell Phone: Written Authorization
Attached

Yes J No
t: (i.e. Property Ownership) Page(s)_

□ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	n 300 feet of River, Stree of Floodplain? If ye n 1000 feet of Lake, Pon If ye	Stream (incl. Intermittent) If yescontinue> Pond or Flowage If yescontinue>	Distance Struc	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet	Is Property in A Floodplain Zone?	Are Wetlands Present? Prese
XNon-Shoreland							
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	/pe of ary System roperty?	Water
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ጉ	☐ Addition/Alteration	🔉 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	□ Well
3	□ Conversion	☐ 2-Story		_ 3	☐ Sanitary (Exists) Specify Type:	ify Type:	<u>-</u>
- Law July	Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Ilted (min 200 gallon)	_ _ _
	□ Run a Business on	™ No Basement		X None	Portable (w/service contract)	ntract)	<u> </u>
	Property	☐ Foundation		۸	X Compost Toilet		1
					□ None	A CONTRACTOR OF THE CONTRACTOR	
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Existing Structure:	Existing Structure: (if permit being applied for is relevant to it)	or is relevant to it)	Length:		Width: It Los	るとではいると	e Vancanasan
			- Air		Mr. P.S.	Loid ht	

Proposed Use	•	Proposed Structure	Dimensions	ions	Square Footage
and the state of t		Principal Structure (first structure on property)	(×		
	Ŋ	Residence (i.e. cabin, hunting shack, etc.)	XIUX	24)	236
	Ĩ	with Loft	(& ×	24)	192
Residential Use	\	with a Porch) 入 本	241	<u>م</u>
		with (2 nd) Porch) (x		
	Ï	with a Deck OXIX	(o ×	72)	8
THE REAL PROPERTY OF THE PROPE		with (2 nd) Deck	(X	_	
Colfination leading	60	with Attached Garage	(×)	
	" 	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×	_	
2004	CONTRACT CON	Mobile Home (manufactured date)	(×)	
	 	Addition/Alteration (specify)	(×	_	
Muhwelpapuse Claim		Accessory Building (specify)	×	_	
		Accessory Building Addition/Alteration (specify)	×	_	
		Special Use: (explain)	(x		
		Conditional Use: (explain)	(×	_	
		Other: (explain)	(x)	

above described property at any reasonable time for the purpose of inspection.	may be a result of Bayfield County relying o	am (are) responsible for the detail and accur	(we) declare that this application (including	
me for the purpose of inspec	this information I (we) am I	cy of all information I (we) as	riy accompanying informatio	FAILURE IO OBIAIN A F
	(are) providing in or with this	m (are) providing and that it v	 n) has been examined by me 	ERIVITE OF STARTING CONS
	application. I (we) consent to c	ill be relied upon by Bayfield Co	(us) and to the best of my (our) H	LACCION WILLOU A FER
	may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability	(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge the	WILL RESULCEN RENALTIES
くう	y ordinances to	I (we) further ac	ete. (we) ackno	
	have ácces	cept liabili	wiedge th	

Authorized Agent:

Owner(s): 20 January (If there are Multiple Own

Owners listed on the Deed All O

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to send permit $36\overline{3}$ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

HAINCES 8 HERMANTOWN 3

> 53811 Date

mpany this application)

Date

Attach
Copy of Tax Statement
sed the property send your Recorded Deed

City, Village, State or Federal Sermits May Also Be Required

LAND USE - X
SANITARY - Composting Toilet
SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0309 Michael & Deanna Mulek Issued To: No. N 1/2 N 1/2 of Iron River Town of Location: **SE** 1/4 of **SW** 1/4 Section Township Range 8 Block CSM# Gov't Lot Lot Subdivision

For: Residential Use: [1.5- Story; Residence (14' x 24') = 336 sq. ft.; Loft (8' x 24') = 192 sq. ft.;

Porch (4' x 24') = 96 sq. ft.; Deck (10' x 12') = 120 sq. ft.] Total Overall = 744 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspections required. Make and model of composting toilet must be NSF approved. Install and maintain toilet per manufacturer's requirements.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 4, 2017

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date S [ru

amp (Beceward) 5 JUN 122017 **45**

Refund: Permit #: Amount Paid: 8 C-7-8 6:15 7-24-

Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid

Saccastu6 Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT TYPE OF PERMIT REQUESTED-\$5,000 Owner's Name of Completion
* include Shoreland □ Non-Shoreland Existing Structure: (if pe Proposed Construction: Value at Time 3 uthorized Agent: ,5945 MONNE Address of Propert 🗡 Residential Use donated time & PROJECT LOCATION Municipal Use Commercial Use **Praposed Use** E てったる人 ☐ Conversion Property

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(If permit being applied for is relevant to it) $\hfill \square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain? If yes—continue—▶ ~ ONCOVES Relocate (existing bldg Run a Business on Addition/Alteration **New Construction** Klond , Township 4 90 Project < П ٤ Sclon **X** LAND USE ☐ SANITARY Residence (i.e. cabin, hunting shack, etc. Principal Structure (first structure on property) Mobile Home (manufactured date) **Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) Other: (explain) 5/d Special Use: (explain) Accessory Building Addition/Alteration Accessory Building Addition/Alteration (specify) Conditional Use: (explain N, Range and/or basement with a Porch with (2nd) Porch with Attached Garage with (2nd) Deck with a Deck with Loft 1-Story 1-Story + Loft # of Stories No Basement 2-Story Foundation 215 Lot(s) 0 Contractor Phone:

Agent Phone: Mailing Address: Fron River W. 817-2034 Tax ID# ≤ walk Structure 19739 Vol & Page Proposed Structure X Year Round Length: □ PRIVY Dunt MN Seasonal Town of: Use +1001 Stairway (concrets (specify) A COM JUSTES 6173 Iron LakeRo Agent Mailing Address (include City/State/Zip): Power CONDITIONAL USE

City/State/Zip EH Distance Structure is from Shoreline: Distance Structure is from Shoreline: bedrooms River Side walk Mark K None Lot(s) No. 앜 width: Width: Sanitary (Exists) 54847 Block(s) No Municipal/City (New) Sanitary None Portable (w/service contract)
Compost Toilet Privy (Pit) SPECIAL Sewer/Sanitary System 5201 Is on the property? 9 What Type of Document #: Recorded Deed (i.e. # Subdivision: Lot Size feet Specify Type: Specify Type: (Def)
Vaulted (min 200 gallon) Š 5443 **Dimensions** Is Property in Floodplain Zone? E $\times |\times| \times |\times| \times$ × × X. ☐ Yes Height: Height: # assigned by Regis Attached Yes [464-1114 Plumber Phone: 464-349-4260 Telephone: Cell Phone: Written Authorization Acreage OTHER Are Wetlands Present? S S 15 Peeds) 370 Footage 10/0 60 Square (No □ Yes 18 Well Water City

the De sign or letter(s) of authorization must accompany this application)

Owner(s):
(If there are Multiple Ov FAILURE TO OBTAIN A PERMIT OLISTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) deciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. | (we) further accept liability which may be a result of Bayfield County relying on this information | (we) am (are) providing in or with this application. | (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Date

Authorized Agent: half of the 1 any this application)

Address to send permit 🕖

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12845 Attach

Copy of Tax Statement

Surchased the property send your Recorded Deed Date

6 -6-2017

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□ No	Aves Aves	Represented by Owner Was Property Surveyed XX Yes		Were Property Lines			Yes ONO		Was Parcel Legally Created Was Proposed Building Site Delineated	Was Proposed	Wa
	#	ce (B.O.A.) Case #:	by Variance	Previously Granted by Yes 🗆 No	VARCIANCE	ष्ट्री	SPA-	č.	Granted by Variance (B.O.A.)	nted by Varia	Gran
□ Yes □ No	Affidavit Required Affidavit Attached	□ L No	d ⊟Yes d ⊟Yes	Mitigation Required Mitigation Attached		s Lot(s))	(Deed of Record)(Fused/Contiguous Lot(s))	□ Yes □ Yes	Is Parcel a Sub-Standard Lot Parcel in Common Ownership Is Structure Non-Conforming	Is Parcel a S arcel in Com	IS Pa
					Ž Š	Permit Date:			7-03/0	nit#: 7	Permit #:
	Sanitary Date:	(rooms:	# of bedrooms:		mber:	Sanitary Number: Reason for Denial:	·	Issuance Information (County Use Only)	ormation (Issuance Informa	Issu
	not begun. Dwelling Code.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not I For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform The local Town, Village, City, State or Federal agencies may also require permits.	e if Constri equired To	he Date of Issuance unicipalities Are Red deral agencies may	(1) Year from the welling: ALL Mirror Fe	Expire One of Family Danier, Village, C	Id Use Permits New One & Tw The local Tow	NOTICE: All Lar Construction Of		(9)	
ucture, or must be	the proposed site of the structure, or must be	one previously surreyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	om a known co	'a corrected compass fro	spartment by use of	fable by the Dr	reyed corner, or veri	other previously sun wner's expense.	red somer to the o	spasuacije Ad pi Kazuns Asnorali	one pr
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All Feet			odplain	Elevation of Floodplain	Feet	N/A	Z		Setback from the East Lot Line	ack from th	Setba
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Measurement	, w	Description	Descr		nent	Measurement		ion	Description		
18 & Zoning Dept.		Changes in plans must be approv	nanges in F	Ç		oint)) the closest p	Sethacks: (measured to the closest point)	Setbacks:	(8)	
of hy the Planning & Zoning Dept				1			to continuing)	complete (1) – (7) above (prior to continuing)	lete (1) – (7	Please comp	2
				hed	attached	See					
	or (*) Privy (P)	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	*) Holdin	ty Drain Field (DF); (or (*) Pond	n your Proper Fank (ST); (*) I :ream/Creek; ses over 20%	tructures o (*) Septic ' River; (*) SI ; or (*) SIo	All Existing St (*) Well (W); (*) Lake; (*) F (*) Wetlands	* *	Show: Show any (*): Show any (*):		
			oad)	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)	mtage Road (I	nstruction Plot Plan and (*) Fro	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Fr	Location of: / Indicate: _ocation of (*):	Show Location of: Show / Indicate: Show Location of (*):	(1) (2) (3)	
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city, Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0310 No. Yvonne Solon / Mike Furtak, Agent Issued To: Location: $\frac{1}{4}$ of Section 27 Township 47 Range 8 Iron River W. Town of S 200' OF N 600' W OF NLY & SLY RD OF Gov't Lot Lot Block Subdivision CSM#

For: Residential Accessory Structure: [Sidewalks (4' x 3') = 12 sq. ft.; (32' x 3') = 96 sq. ft.; (6' x 17') = 102 sq. ft.]

Total Overall = 199 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Garage and house stormwater treatment devices shall be installed per plan detail within one (1) year of the issuance of this permit and shall be maintain in perpetuity. Approval does not include retaining wall(s) or new sidewalk from house to the garage.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

....

Jennifer Murphy

Authorized Issuing Official

August 4, 2017

Date

completed or if any prohibitory conditions are violated.

SUBMIS: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zonling Depart.
PO Box 58
'Washburn, WI 54891
(715) 373-6138 Complete APPLICATION FOR PKJ and send all back to Jimmy

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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Zoning Dept	

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	T		PERMIT
	9		
Refund:	Amount Paid:	Date:	Permit #:
	105 7-26-17	8-11-17	7-08807

Owner's Name:		Mailing	,		City/State/Zin:	*		Telenhone:
7	SINKE	-	10550 Eagle LK	782	ブ (を	W1, S4	Lhahs	Leiephone:
Address of Property:	Cake Rd	`	City/State/Zip:	Wi. 5484	947		5	Cell Phone: フバラー
Cory Olby		9	Contractor Phone:	Plumber:				Plumber Phone:
Authorized Agent: (Percon Signing Application on behalf of Owner(s))	ing Application on beh			Agent Mailing Ac	Agent Mailing Address (include City/State/Zip):	State/Zip):		Written Authorization Attached
PROJECT Legal	Legal Description: (Use	(Use Tax Statement)	Tax ID# (4-5 digits)	******	***************************************	Recorded Document	Deed (i.e.	무망
NE1/4, NW 1/4		Gov't Lot Lot(s)	CSM Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	ion:	
Section 23, To	Township 42	N, Range OS 1	W Town of:	River	Last special section in the section is a section in the section in the section in the section in the section is a section in the section in t	Lot Size		Acreage 40
	☐ is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	in 300 feet of River, of Floodplain?	is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yescontinue —	Distance Structure	cture is from Shoreline :	eline :	Is Property in	rty in Are Wetlands
_ snoreland → □ is P	roperty/Land with	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Pond or Flowage H yescontinue	Distance Structure	cture is from Shoreline :	eline :	∑ No	
X Non-Shoreland								
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	nt Use	# of bedrooms	Sew Is	What Ty wer/Sanita	What Type of Sewer/Sanitary System Is on the property?	Water
	New Construction Addition/Alteration	☐ 1-Story ★ 1-Story + Loft	🕱 Seasonal ft 🗆 Year Round	2 1	☐ Municipal/City ☐ (New) Sanitary	1 13	Specify Type:	☐ City
⊃,800,000 □ Conv	Conversion Relocate (existing bldg)	☐ 2-Story	The second secon		☐ Sanitary (Exists) Specify Type:	1 (6) Specify Type:	\perp
☐ Run a Bu Property	□ Run a Business on Property	No Basement □ Foundation	t	₩ None	Portable (w/service co	service c	ontract)	
	The control of the co				None		\$C.18	* F
Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:	nit being applied fo	or is relevant to it)	Length: λ / A	8: 4F	Width: N/A		Height:	ht: 1/0
Retroppedsstance	7		Proposed Structure	re			Dimensions	
2017	Principal Residenc	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)				Fex of	1.8%
X Stast d tarrital Staff	Partito Day Printing	with Loft with a Porch	a a committed by the second of	and the state of t		~ ~	×	
Rec'd for Issuance	e de la constante de la consta	with (2 nd) Porch with a Deck	h				×	
AUG 08 201		with (2 nd) Deck	The state of the s	- 15 Charles de	***************************************		×	
	Bunkhou	with Attached Garage Bunkhouse w/ (□ sanitary, or □ sle	arage	or Trooking &	5		×	
The state of the s		Mobile Home (manufactured date)	late)				×	
☐ Municipal Use	<u> </u>	3	fy)		And the second s		×	
-	Accessor	Accessory Building (specify)	fy)		THE PERSON NAMED IN COLUMN NAM	1	×	
		Accessory Building Addition/Alteration	n/Alteration (specify)	- MAN Bladd dodwin so so			×	
		Special Use: (explain)	and the state of t	T. T. Whithertown	The state of the s		×)
. ,	Conditional Us	Conditional Use: (explain) Other: (explain)	manady programme in		MANATURE PROPERTY WAS A SECOND PROPERTY OF THE SECOND PROPERTY OF TH		×	
-								

Owner(s): The Owners (Isted on the Deed All Owners must sign or letter(s) of authorization must accompany this application

Authorized Agent:

Address to send permit 10550 Eagle

1/6

25

Iron

River

Wi.

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

54847

Date

Please complete (1) -- (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zöning Dept.

	ada series and a s					
Description	Measurement	3		Description	Measuremen	ent
Setback from the Centerline of Platted Road	ಖ್ಯಂ	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	N/A	Feet		Setback from the River, Stream, Creek	Ž	Feet
				Setback from the Bank or Bluff	2 /A	Feet
Setback from the North Lot Line	- %00 000	Feet			,	
Setback from the South Lot Line	0000	Feet		Setback from Wetland	₩	Feet
Setback from the West Lot Line	750	Feet		20% Slope Area on property	∏Yes	X No
Setback from the East Lot Line	\$70	Feet		Elevation of Floodplain	19/19	Feet
	. (=	
Setback to Septic Tank or Holding Tank	N/A	Feet		Setback to Well	\\ \A\\/A	Feet
Setback to Drain Field	NIA	Feet				
Setback to Privy (Portable, Composting)	M	Feet				
			-			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known comer within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Village, State or Federal

City, Village, State or Federal

Also Be Required

USE - X

ANITARY - None

SIGN
SPECIAL -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

BOA -

17-0320

CONDITIONAL -

Issued To:

John Brinker

Iron River NE NW 23 47 Range 8 Section Township W. Town of Location: 1/4 of Block Subdivision CSM# Gov't Lot Lot

For: Residential Principal Structure: [1- Story; Storage (16' x 24') = 384 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes without necessary class A Special Use Permit and UDC permit and inspections. No interior plumbing fixtures with connection to pressurized water allowed. No sanitary system allowed on property unless a County Sanitary permit is issued.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 11, 2017

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

> APPLICATION FOR PERMIT
> BAYFIELD COUNTY, WISCONSIN DOING DERMIT

Date: Permit #: 300.00 いるのの

INSTRUCTIONS: No permits will be issue Checks are made payable to: Bayfield Co

	Bayfield Co. Zoning	d until all fees are paid. unty Zoning Department.
Refund:	200	
She She la	4201	
Amount Paid:	mp (Recented)	

section 3 , Township 47 N, Range 8 W	1/4,1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property: Address of Property: City/State/Ziji: City/State/Ziji: City/State/Ziji: Address of Property:	Mahnke Properties LLC	TYPE OF PERMIT REQUESTED— LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Fran River	CSM Vol & Page Lot(s) No. Block(s) No.	20176 + 20177	Agent Phone: Agent Mailing Address (include City/State/Zlp):	Contractor Phone: Plumber:	City/State/Zig: Tran Kives Wi. 54847	3112 City Height Rd. Ashland Wil. 54	IITARY □ PRIVY □ CONDITIONAL USE □ SPEC	APPLICANT.
Lot Size Acreage	Dufur Flecks 1st Lake	Volume 9 Page(s) 385	state/Zip): Written Authorization Attached Yes No	Plumber Phone:		308		ål –

Value at Time of Completion	☐ Non-Shoreland	☑ Shoreland →		
Total # of Stories		E/Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue → Distance Structure is from Shoreline: fee	
# What Type of		Distance Structure is from Shareline:	Distance Structure is from Shoreline:	
/pe of		□ Yes	ъ; n	
Water		□ No	Are Wetlands Present?	

			10000000	5			material	Value at Time of Completion * include donated time &
Boat House	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	X New Construction		Project
	☐ Foundation	☐ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	1-Story	V	# of Stories and/or basement
					☐ Year Round	Seasonal		Use
	13	X None		3	7	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	١,	# of bedrooms
C. 18 INDIR	Compost loilet	Portable (w/service contract)	Privy (Pit) or Vaunce (min 200 gailoil)	Sanitary (Exists) Specify Type: 21 PC	□ (New) Satisfied Specify 1995:	William Cooch Trop	Minicipal/City	What Type of Sewer/Sanitary System Is on the property?
-							Cit	Water

	Pronosed Construction:	Exicting Structure: (if permit being applied for is relevant to it)	Z DOOL Long
	Lengt	Length	
	h: 22'	h: 22	
	width:	Width:	
-	16.	1	
	Height: / 4 'o	,	
Titi	SS MO		

					Municipal Use			1		Commercial Use	Corptorial Staff			Residential Use	Pec'd for Issuance				Proposed Use
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify) Boat Maus C	Addition/Alteration (specify)	Mobile Home (manufactured date)		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)		Proposed Structure
>	× ×	×	×	(×)	(77. ~ 16)	1	x	~ × _	(x	×	× ×	× ×	× ×	× ×	× ×	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	× ×	`	Dimensions
					200	, (70													Square Footage

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) exponsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): Date

-		Authorized Agent: _	
	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)		

Her S

3

s Ad

Address to send permit

Ashland, Wi. 54806 Date 14-

4 506 Copy of Tax Statement ty purchased the property send your Recorded Deed

anifory.	(9) Stake or Mark Proposed Loc NOTICE: All Land Use In For The Construction Of New Only) For The Construction Of New Only) Permit Benied (Date): Permit #: 17-0313 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Is Structure Non-Conforming Is Structure Non-Conforming Is Structure Non-Conforming In Structure Non-Conforming In Yes Yno Was Proposed Building Site Delineated The Condition Record: Was Proposed Building Site Delineated Was Propos	(1) Show location of: (2) Show Indicate: (3) Show Location of (*): (4) Show: (5) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (9) Lake; (*) River; (*) River; (*) Lake; (*
Hold For TBA:	ation(s) of New Construction, Self- Permits Expire One (1) Year from the ne & Two Family Dwelling: ALL Mun cal Town, Village, City, State or Fede Record Reason for Denial: No Permit Date:	(1) Show Joseph Principles (1) Florening from the Continue Road) (2) Show Joseph Principles (1) Florening from the Continue Road) (3) Show any (1) Florening from the Continue Road) (4) Show any (1) Florening from the Continue Road (1) Principles (1) Florening from the Continue Road (
Hold For Fees:	ne Date of Issuance if Construction or Use has not begun. unicipalities Are Required To Enforce The Uniform Dwelling Code. deral agencies may also require permits. 160	ain Field (OF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Pond La Ke Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Changes in plans must be approved by the Planning & Zoning Dept. Feet Setback from the Lake (ordinary high-water mark) Setback from the Lake (ordinary high-water mark) Setback from the Bank or Bluff Feet Setback from the Bank or Bluff Feet Setback from the Bank or Bluff Feet Setback from which the setback must be measured must be visible from more proviously surveyed corner to the manum required setback must be measured must be visible from corner or within 300 feet of the proposed size of the surdicus, or must be corner to the corner corner corner to which 300 feet of the proposed size of the surdicus, or must be corner to the corner corner or within 300 feet of the proposed size of the surdicus, or must be corner to the corner corner to which 300 feet of the proposed size of the surdicus, or must be corner to the corner to which 300 feet of the proposed size of the surdicus, or must be corner to the corner to which 300 feet of the proposed size of the pro

City, Village, State or Federal Williage, State or Federal Williage, State or Federal

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Mahnke Properties LLC / David Mahnke, Agent 17-0312 Issued To: No. Iron River Town of Range 8 47 W. Township N. Section 3 1/4 Location: 1/4 of -Subdivision Durfer Flecks 1st Addition to Long Lake 1 & 2 Block Lot Gov't Lot

For: Residential Accessory Structure: [1- Story; Boathouse (22' x 16') = 352 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Existing boathouse is 10 feet from OHWM of Long Lake, new boathouse including any eve, shall be no closer to the Lake than existing boathouse. All requirements in section 13-1-22(a)(6) shall be complied with.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 9, 2017

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Planning and Zoning Depart. PO Box 58 Bayfield County

Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

πρ (Received)
JUL 2 6 2017

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

WIERED Permit #: Refund: Date: Amount Paid: マのマ S-S-J

42000 OITH TYPE OF PERMIT REQUESTED: of Completion
* include **X**Shoreland Proposed Construction: □ Non-Shoreland Existing Structure: (if permit being applied for is relevant to it) Secrementales AREGIGNISSUARCE donated time & Value at Time Amy Dunday. Owner(s): (If there a PROJECT LOCATION AUS 08 2017 FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and belief it is true, correct and complete. I (we) acknowledge that I (we) arm (are) responsible for the detail and accuracy of all information I (we) arm (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) arm (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. er's Name: Municipal Use material Proposed Use SW 1/4, Section are Multiple Ow 5 05/20 5 767 New Construction **Lls Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes— Legal Description: nava Relocate (existing Property Conversion Addition/Alteration 100 , Township 1/4 Project < X Delson 300 4 💢 LAND USE Other: (explain) Residence (i.e. cabin, hunting shack, etc Principal Structure (first structure on property) Conditional Use: (explain) Special Use: (explain) Mobile Home (manufactured date) Accessory Building (specify) 90/00 C Addition/Alteration (specify) Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ 앜 (Use Tax Statement) Gov't Lot N, Range and/or basement 10 **≯**1-Story with Attached Garage with a Deck with (2nd) Porch with a Porch with Loft with (2nd) Deck No Basement 2-Story 1-Story + Loft Foundation # of Stories 715 0 Lot(s) SANITARY City/State/Zip: 817-2034 ٤ signor letter(s) of authorization must accompany this application) **Proposed Structure** ☐ Seasonal

★ Year Round Length: 0 Length: □ PRIVY (incl. Intermittent) continue From Vol & Page Use Town of: W (specify) 473 Iron N. Ver CONDITIONAL USE | SPECIAL USE Distance Structure is from Shoreline: bedrooms Distance Structury is from Shoreline : None 0 cooking & food prep facilities) 앜 Lot(s) No. LodySmith City/State/Zip: Width: □ Portable (w/service contract) 1,4845 Viet Lakella Sanitary (Exists) Specify Type:

Privy (Pit) or Uaulted (min 200 gallon) Block(s) No. None Compost Toilet THE Sewer/Sanitary System Is on the property? What Type of Document #: 54848 Lot Size Subdivision feet () Specify Type: Date **Dimensions** \wp Is Property in Floodplain Zone? Mitten Authorization B.O.A. ×× × \times × > $\times |\times| \times |\times|$ □ Yes OF Height: Height: XYes 2/2 Cell Phone: ssigned by Register of Deeds) Acres □ OTHER)-2017 □ No 6 Are Wetlands Footage S Square Present? <u>~</u> Xwell Water City

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Authorized Agent:

=

Address to

send permit

1201

Lakeka

Joy Mey

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Copy of Tax Statement V
roperty send your Recorded Deed V

Attach

If you rece

npany this

- Show:
- Show any (*): Show any (*):

See attachmen

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Please complete (1) - (7) above (prior to continuing)

<u>∞</u> Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		et	NH Feet		Setback to Privy (Portable, Composting)
		et	NA Feet		Setback to Drain Field
Feet	Į,	et Setback to Well	NH Feet		Setback to Septic Tank or Holding Tank
Feet	4%	et Elevation of Floodplain	NA Feet		Setback from the East Lot Line
X No	Yes	et 20% Slope Area on property	NA Feet		Setback from the West Lot Line
Feet	NH	et Setback from Wetland	357 Feet		Setback from the South Lot Line
		2	Feet		Setback from the North Lot Line
Feet		Setback from the Bank or Bluff		-	
Feet	10 B	et Setback from the River, Stream, Creek	Feet Feet	J	Setback from the Established Right-of-Way
Feet	103	et Setback from the Lake (ordinary high-water mark)	1000 Feet		Setback from the Centerline of Platted Road
1ent	Measuremen	Description	ivieasurement		Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: Hold For TB):	Signature of Inspector:	Ę	7-1	Condition(s): Town, Committee or Soard Conditions Attached? Tes No-(If No they need to be attached.)	Date of Inspection: 8 7-18 4 8-4-14 Ins	inspection Record garage is not according to anything at since type and zoning District (appropriate House Asp on file to be appropriate a completed to lakes Classification (Was Proposed Building Site Delineated XYes □ No	Granted by Variance (B.O.A.) Yes Mo Case #:	Is Parcel a Sub-Standard Lot later (Deed of Record) 184/205 Is Parcel in Common Ownership 184 Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming 184 Yes 184 Ye	Permit #: 17-031 4 Per	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For Affidavit:		motor plumbing tixtures inleas permit	+ Should not be combacted to	? Tes No – (If No they need to be latta)	pected by: 10 mule of Ho	to be approved in a co	Were Property Lines	Previously Granted by Variance (B.O.A.) ☐ Yes ৣ৾৾\Mo	(4) 20 No Mitigation Required X No Mitigation Attached	Permit Date: 8-9-17	Reason for Denial: *	Sanitary Number: 17-665 #
Hold For Fees:	١.,	AN PENNY TO	すってるるなり	ened.)	Date of Re-Inspection:	e Chronil Zoning District Chryse days Lakes Classifi	Were Property Lines Represented by Owner Wes Was Property Surveyed & Yes	Variance (B.O.A.) Case #:	☐ Yes No Affidavit Required ☐ Yes No Affidavit Attached	:/ low than 15		# of bedrooms: Sanitary Date:
	Date of Approval:	gree 10	Tally I	er slooping	nspection:	ct (A-1)	Consoli 000	the section	red	2 with land		1, 100 to

n, City, Village, State or Federal mits May Also Be Required

AND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Richard Nelson & Amy Dunbar-Nelson / Mike Furtak, Agent 17-0314 Issued To: No. Par in Town of Iron River 47 Range 8 W. 31 Township SW 1/4 of **SW** 1/4 Location: Section CSM# Subdivision Block Gov't Lot Lot

For: Residential Accessory Structure: [1-Story; Garage (28' x 40') = 1,120 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes and shall not be connected to pressurized water source with indoor plumbing fixtures unless permit to connect to POWTS is issued.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 9, 2017